

**North Carolina – Treatment Outcomes and Program Performance System
(NC-TOPPS)**

October 25, 2007 Advisory Committee Meeting Minutes

Attendees

Member/Representatives:

Sonja Bess	Catawba/Burke Local Management Entity (LME)
Kent Earnhardt	Consumer Representative
Sharon Garrett	Vision Behavioral Health Services, LLC
Robin Gravely	PBH – Piedmont Behavioral Healthcare
Jeannie King	North Carolina Mentor
Connie Mele	Mecklenburg County Area Mental Health, Developmental Disabilities, Substance Abuse Authority
Ann Paquette	Triumph
Christy Pelletier	Coastal Horizons
Dave Peterson	Wake County LME
Diocles Wells	Southeastern Center for Mental Health, Developmental Disabilities, & Substance Abuse

Guests:

John Bigger	Southern Regional Area Health Education Center
Melanie Britt	Catawba/Burke LME
Leatte Black	Eastpointe
Tammy Bonas	Wake County LME
Connie Brown	Alamance-Caswell-Rockingham LME
April Chambers	Cumberland LME
Margaret Clayton	Five County Mental Health Authority
Judy Cooper	Guilford Center
Beverly Gibbs	CNC Access/Health Services
Sherri Green	Consultant to NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services
Kim Keehn	East Carolina Behavioral Health
Paula Mauney	Southeastern Regional Mental Health, Developmental Disabilities and Substance Abuse Services
Ray McBeth	Crossroads Behavioral Healthcare
Joann McRae	PBH – Piedmont Behavioral Healthcare
Beth Melcher	The Durham Center
Beth Nelson	Wake County LME
Michael Norton	Orange-Person-Chatham Mental Health, Developmental Disabilities, Substance Abuse Authority
Tammy Powers	Southeastern Regional Mental Health, Developmental Disabilities and Substance Abuse Services
Jill Queen	PBH – Piedmont Behavioral Healthcare
Tanya Smith	Family Intervention and Prevention
Janice Stroud	Citizen (Past Member)
Jay Taylor	Pathways Mental Health, Developmental Disabilities and Substance Abuse
Nonie Turville	East Carolina Behavioral Health
Vince Wagner	Cumberland County Mental Health Center
Bob Werstlein	Daymark Recovery Services

Staff:

Ward Condelli	Quality Management, North Carolina Division of Mental Health Developmental Disabilities and Substance Abuse Services (NC DMHDDSAS)
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Becky Ebron	Quality Management, NC DMHDDSAS
Patrick Piggott	State Operated Services, NC DMHDDSAS
Jenny Wood	State Operated Services, NC DMHDDSAS
Karen Eller	North Carolina State University's Center for Urban Affairs and Community Services (NCSU CUACS)
Jaclyn Johnson	NCSU CUACS
Alexis Lockett	NCSU CUACS
Kathryn Long	NCSU CUACS
Mindy McNeely	NCSU CUACS
Marge Cawley	National Development and Research Institutes, Inc. (NDRI)
Bob Hubbard	NDRI
Deena Murphy	NDRI
Lillian Robinson	NDRI

Meeting Convened at 10:02 a.m. with Self Introductions

July 26, 2007 Meeting Minutes Approved

- ❖ Kent Earnhardt noted the need for an acronym list or the writing out names where possible in text. Cawley will modify the minutes clarifying what the acronyms are.

Guidelines Update

- ❖ Cawley, NDRI, shared that the Guidelines have not been updated. A minor change has been noted in the Guidelines indicating that as of October 1, 2007 the Reporting Unit is no longer required to assign logins and passwords.
- ❖ The Guidelines will most likely be updated for January 2008 to capture changes in the LME Performance Agreement.

The Durham Center Use of NC-TOPPS Data with Evidence Based Programs

- ❖ Beth Melcher, The Durham Center's Clinical Director, provided a summary on utilizing NC-TOPPS data in the Center's Mental Health System Transformation grant.
- ❖ The four evaluation goals of the grant consisted of 1) assessing current data, 2) developing an evaluation template, 3) identifying elements, methodology and data collection for each evidence based practice and 4) developing a rating system.
- ❖ Relevant NC-TOPPS activities included:
 - Cross walking outcomes with NC-TOPPS
 - Developing a template of items from NC-TOPPS to generate a draft report.
- ❖ Data was collected on outcome measures in nine areas and on measures of fidelity to the evidence based practices.
 - Restricted Environment (MH and SA hospitalizations)
 - Criminal Justice/Incarceration
 - Housing Status
 - Employment/Education
 - Emergency/Crisis Services
 - Severity of Psychiatric Symptoms
 - Social/Family Supports
 - Quality of Life
 - Consumer Satisfaction.
- ❖ While working on this project, The Durham Center encountered several barriers. In terms of NC-TOPPS data:

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- When requesting NC-TOPPS data on consumers, The Durham Center was informed that due to substance abuse privacy issues, CUACS was unable to release NC-TOPPS information directly to The Durham Center. The information for these consumers had to be requested from each provider. Three months passed before this decision was shared with The Durham Center. (NOTE: A discussion ensued on the Substance Abuse Consent that is asked about in NC-TOPPS as of July 1, 2007. It was shared that an example of such consent can be found on the NC-TOPPS website under the Confidentiality of Consumer Data section.)
- Then, due to communication issues within provider agencies and between providers and The Durham Center, another month passed before the NC-TOPPS data made its way to the evaluation team.
- To compound matters, the NC-TOPPS data was incomplete. Some providers had not completed NC-TOPPS or had completed either an Initial or Update but few had completed both. Moreover, limitations existed in identifying matched cases across the two year period being assessed. This made analysis over the period examined very difficult. In addition, even in the Initial or Update Interviews that had been conducted data was missing on key data elements. Compounding NC-TOPPS analysis also was the change in items from one year to another, which then required separate codebooks.
- Since NC-TOPPS was incomplete, Melcher had asked providers for feedback on NC-TOPPS compliance issues. She received the following feedback.
 - It takes too long to complete.
 - Providers are unable to access the data in order to justify the amount of time committed to the effort.
- ❖ She concluded her presentation detailing four needs.
 - Evidence based practices that do not have a unique service definition must have some way to be tagged so data can be pulled by provider and service practice.
 - LMEs must have the ability to access individual consumer data.
 - LMEs should have the capacity to do unique queries on NC-TOPPS data.
 - Provider compliance and data utility issues must be addressed.

Online Query Update

- ❖ McNeely, CUACS, and Ebron, NC DMHDDSAS, handed out a Draft Clinician Query example. Progress has been delayed on overall dashboard and query development. Most likely the dashboard and query system will not be available until the summer or fall of 2008. The implementation process will most likely evolve with the Clinician Query being rolled out first, then the Dashboard and finally the larger query system. Members suggested having focus groups with the various stakeholders before rolling out. This would allow for developing queries that would be pertinent to various stakeholders. For example, the type of queries that LMEs want may be different than those desired by providers.
- ❖ The goal of the Clinician Query is to provide clinicians and consumers with useful information about the consumer's progress. The Clinician Query will depict information from the consumer's Initial and two most recent submissions on about 20 items captured in NC-TOPPS. The items will vary by age of the consumer (Adult, 18 and older; Adolescent, 12 to 17; or Child, 6 to 11).
- ❖ McNeely noted that the items are not set in stone. Input is desired on what items should be included, how to display the items and what can be displayed pictorially. She indicated that she will email to attendees and other key NC-TOPPS contacts the Draft Clinician Query requesting that they talk with staff and other stakeholders for their feedback. This email will go out within the next few days and will ask for feedback to be back to her by December 1.
- ❖ Attendees provided immediate feedback. They suggested not using arrows, but rather allow for

line graphs on items as the method for pictorially displaying progress overtime. Others wondered about the items covered, recommended wording consistency, and advocated developing some way that provides a clear explanation of each item.

- ❖ McNeely concluded that once the Clinician Query is ready it will be piloted for a couple of months before being rolled out for full implementation.

Discussion on NC-TOPPS Implementation when Providers Lose Endorsement

- ❖ Members requested that the Advisory Committee discuss this issue. The focus is on how to get an NC-TOPPS Episode Completion done when a consumer moves from one provider to another due to a provider losing endorsement or goes out of business. The closing provider has no incentive to complete the necessary NC-TOPPS.
- ❖ McNeely distributed a protocol proposal developed by Jay Taylor, Pathways, and edited by the Center for Urban Affairs and Community Services. The proposal recommends that when a consumer moves due to a provider's endorsement being withdrawn or going out of business, the LME will do a Change Clinician from the old provider to the new provider. The LME should not conduct this process until there is documentation submitted that verifies that the consumer has chosen the new provider as the clinical home. To complete this process the LME needs the consumer record number, the former clinician's last name and NC-TOPPS ID, and the new clinician's NC-TOPPS ID.
- ❖ A long discussion ensued over the proposal. McNeely acknowledged the need to have the Division's okay, but anticipated Division approval.
- ❖ Other concerns were raised, such as how to make sure NC-TOPPS are completed when a consumer chooses to move from one provider to another and when an Episode Completion/Transfer are required in a consumer's episode of care. The latter was raised because in the past NC-TOPPS required an Episode Completion/Transfer when a consumer experienced a change in level of care or moved to another provider. Members wondered if the new service definitions are forcing us to re-assess our definition. Should episode of care now follow the consumer from entering service to complete discharge or stabilization?

NC-TOPPS Snapshot

- ❖ Robinson, NDRI, presented on the NC-TOPPS Snapshot, a one-page document providing information on consumers using mental health and substance abuse publicly funded treatment services. She provided an example of a potential Snapshot and explained what guided its development.
- ❖ The rationale for the Snapshot is to demonstrate the usefulness of NC-TOPPS data in providing information for those within and outside of the service/treatment system.
- ❖ The idea of the NC-TOPPS Snapshot is based on the CESAR FAX, the University of Maryland's Center for Substance Abuse Research weekly one-page topic publication.
- ❖ Potential Snapshot topics are framed by the Division of Mental Health, Developmental Disabilities and Substance Abuse Services 2007 Strategic Plan, the 2007 Consumer and Family Advisory Committee Data Report, the National Outcome Measures Domains and the Integrated Payment Reporting System's target populations for whom NC-TOPPS data are collected.
- ❖ The Snapshot consists of five items: (1) a monthly topic, (2) a brief explanation of why the particular topic was selected, (3) pictorial(s) from a particular target population, (4) explanation of the pictorial and (5) discussion points.
- ❖ The draft document was well received with a few suggestions offered. Robinson informed that this publication will go to the Division for its final approval and hopeful publication by the end of January. She shared the intent of having review by outside parties. A few attendees offered to review these publications.

- ❖ Discussion took place on drilling the data down to the LME level so that it would be available when the Snapshot goes public so LMEs can compare their data to the statewide information provided in the Snapshot.
- ❖ Robinson shared a monthly schedule for calendar year 2008 that suggests topic areas, NC-TOPPS items and target population to be discussed.

Using MST and NC-TOPPS Data for Evidence Based Performance Measures

- ❖ Beth Nelson, Wake County Local Management Entity, provided information on “The Use of NC-TOPPS and MST Data for Evidence Based Performance Measures,” specifically on four multi systemic therapy (MST) providers in Wake County.
- ❖ The study will focus (1) on providers’ fidelity to MST and the efficacy of MST in comparison to other programs that serve similar type of children consumers (CMSED & CSMAJ), and (2) the relationship between therapists’ fidelity to the MST model and consumer outcomes. (Note: CMSED and CSMAJ are two designated children target populations of the NC Division of MHDDSAS. CMSED are children consumers who are seriously emotionally disturbed with out-of-home placement. CSMAJ are children consumers who are in need of treatment for a primary alcohol or drug abuse disorder, with a Primary ICD-9 Substance-related disorder, and are enrolled in the MAJORS Substance Abuse/Juvenile Justice Program.)
- ❖ Nelson referred to three documents during her presentation: 1) her PowerPoint presentation, 2) an MST Institute demonstration of information gathered when adding a record and 3) an NC-TOPPS matched report for Wake consumers receiving multi systemic therapy.
- ❖ Data will be collected through two vehicles.
 - Therapist Adherence Measures (TAMS). MST Services web-based tool that gathers data on how therapists are following the MST protocol.
 - NC-TOPPS. Concern was raised on clinicians consistently interpreting NC-TOPPS questions. Thus, training was developed for multi systemic therapy supervisors and therapists. For trainers a cheat sheet was developed to aid in training on items that may be interpreted differently by therapists.
- ❖ Final steps will include using the study data to develop a plan for integrating results into provider reviews, such as endorsements.
- ❖ Nelson also shared issues that she plans to follow up on. Multi systemic therapy providers may not be completing NC-TOPPS on consumers as required and other providers are checking that they are providing multi systemic therapy when they are not registered multi systemic therapy providers. Additionally, NC-TOPPS reports indicate that multi systemic therapy consumers are going into residential settings when this therapy’s objective is to keep them out of residential placement. Nelson surmised that those around the consumer (family and court personnel) are putting them in the treatment system to place them in residential settings.

Building Evaluation Capacity: Using NC-TOPPS Data

- ❖ Deena Murphy, NDRI, led a conversation on “Building evaluation capacity in North Carolina: Using NC-TOPPS data.” The aim is to start building interest and capacity within the substance abuse and mental health services treatment system to inspire improved submission and reporting of NC-TOPPS data.
- ❖ She argued for the importance of building evaluation capacity in the substance abuse and mental health sector. Organizations that have evaluation capacity can provide critical information that aids in successful implementation of services. It can help organizations be accountable and transparent to its funders and consumers. It can promote collaboration across the system that can lead to greater social impact and transformation.
- ❖ Example elements of a vision of stakeholders’ collaboration include:

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- Increased understanding by agency leaders of the importance and use of evaluation
- Broad-based participation in evaluation through engagement of key stakeholders
- Greater investment in evaluation capacity building
- Greater standardization of outcome measures and evaluation tools
- Evaluations that meet both funders and agency needs
- Increased acceptance of sharing and learning from failure
- Increased capacity of stakeholders to use evaluation
- ❖ It was suggested that building evaluation capacity action should be initiated where and in a manner the community feels comfortable to proceed.
- ❖ Murphy distributed a handout that frames an example proposal for building evaluation capacity in substance abuse and mental health organizations in North Carolina. The format delineates the proposal's goals, activities, impacts and outcomes.
- ❖ Murphy ended with attendees breaking into groups to get feedback on barriers, facilitators and resources needed to improve evaluation capacity. She also asked the groups to share information on: how their group has used or could use NC-TOPPS; what issues should be included in on-line training related to NC-TOPPS as a learning tool; and are you interested in being included in a future "workgroup" connected to using NC-TOPPS for organizational learning.
- ❖ Five breakout groups - providers, LMEs, consumers, quality management, and researchers/evaluators – were formed. Feedback from these groups will be presented at a future Advisory Meeting.

Other

- ❖ Dave Peterson asked about the action taken to include Developmental Disabilities under the NC-TOPPS umbrella. Specifically, he was interested in knowing if there was any action with Developmental Disabilities Workgroup. Cawley answered that no activity has been taken.
- ❖ McNeely and Johnson informed the group of the December 12th basic NC-TOPPS training at the McKimmon Center in Raleigh. Two sessions will be offered: one in the morning and one in the afternoon.

Wrap Up and Adjournment

- ❖ Meeting adjourned at 2:50 p.m.

Please contact Marge Cawley at cawley@ndri-nc.org for a copy of the PowerPoint presentations and/or handouts given during the meeting.